

**2024-2025**

**NEW FAMILY - Early Bird - Gesher Program Registration Form at Posnack JCC**

Parent's or Guardian's Information					
Parent 1 - Last, First Dr/Mr/Mrs/Ms		Birthdate		Parent 1 - Last, First Dr/Mr/Mrs/Ms	
Home Address		Street		City	
Home Number		Parent 1 - Cell		Parent 2 - Cell	
Parent 1 - E-mail		Parent 2 - E-mail		Anniversary Date	
Student's Name	Male or Female	Birth Date	Hebrew Name	Gesher Grade	Name of Secular School
	M / F				
	M / F				
	M / F				

SCHEDULE		
3 DAY PROGRAM TUESDAY-WEDNESDAY-THURSDAY 2:30 STUDY HALL, 3:00 – 4:00 CLASS		
1 <sup>st</sup> Child Registration Fee	\$100 Per Child	\$
1 <sup>st</sup> Child K – 5 <sup>th</sup> Grade / 3 Day Tuition	\$1,845 Per Child	\$
1 <sup>st</sup> Child One Way Bus	\$1080 Per Child	\$
2 <sup>nd</sup> Child Registration Fee	\$100 Per Child	\$
2 <sup>nd</sup> Child K – 5 <sup>th</sup> Grade / 3 Day Tuition	\$1,060 Per Child	\$
2 <sup>nd</sup> Child One Way Bus	\$1080 Per Child	\$
3 <sup>rd</sup> Child Registration Fee	\$100 Per Child	\$
3 <sup>rd</sup> Child K – 5 <sup>th</sup> Grade / 3 Day Tuition	\$1,060 Per Child	\$
3 <sup>rd</sup> Child One Way Bus	\$1080 Per Child	\$
<b>A non-refundable registration fee of \$100 plus a \$100 deposit towards tuition per child is due at time of registration.</b>		
<b>**Prices Increase by 10% after June 7, 2024</b>		

**Photo Release**

I give my permission to Temple Kol Ami Emanu-El to use any video or photograph, either online or in print, or any video taken at the event my child is attending for the purpose of marketing or promoting TKAE and its programs.

**Late Pick-Up**

I understand that Gesher ends at 4PM – if my child is not picked up by 4:15PM, I will be charged \$25.00 for a Late Pick-Up fee.

X \_\_\_\_\_ Initial

**Allergies**

It is our policy that every family has a credit card on file, even if you will be paying by cash or check. In the event that your cash/check is not received by the 10<sup>th</sup> of the month in which it is due, a charge will be processed in the amount of the payment due. This will process automatically without additional notification. This charge will not be reversed for any reason. **Initial**

Student(s) Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Payment Schedule**  
**Please initial your choice**

Initial \_\_\_\_ / • ONE (1) payment now for all Temple obligations, including tuition, dues, building fund, security fee, etc. If payment is made in full there is a 2% discount and no administrative fee.

Initial \_\_\_\_ / • Ten (10) equal monthly payments for all my fees, for all Temple obligations, including tuition, dues, building fund, security fee, etc. If paying by credit card this will automatically be charged on the 1<sup>st</sup> of the month. (August 2024 – May 2025)

Initial \_\_\_\_ / • Twelve (12) equal monthly payments for all my fees, for all Temple obligations, including tuition, dues, building fund, security fee, etc. If paying by credit card this will automatically be charged on the 1<sup>st</sup> of the month. (Jun 2024 – May 2025)

Temple Kol Ami Emanu-El gladly accepts payments through check, cash or credit card (Visa, MasterCard, Discover or American Express) with the additional option of setting up recurring billing.

In the event that my cash/check is not received by the 10<sup>th</sup> of the month in which it is due, a charge will be processed on my credit card in the amount of the payment due.

I hereby apply for admission for my child(ren) to the Gesher Program of Kol Ami Emanu-El in accordance with the established non-refundable tuition schedule, and in accordance with the procedure set forth by the Education Committee & Temple Board for the administration of Religious School. I acknowledge that in order for my child to attend TKAE's Gesher Program, I must be a member in good standing of the Temple.

**CREDIT CARD INFORMATION**

Please charge my credit card for all my School/Temple obligations.

Name on Credit Card

Billing Address

City, State, Zip

Credit Card #

Expiration Date

I authorize TKAE to charge my credit card the amount billed for School/Temple obligations as selected above. The amount billed includes the "full price" which is 2 1/2% more than the discounted list cash price.

Signature:

Date:

X

Signature: \_\_\_\_\_ Date: \_\_\_\_\_